

Case Number:	CM14-0017449		
Date Assigned:	04/14/2014	Date of Injury:	07/18/2013
Decision Date:	05/30/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/11/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 45-year-old male who reported an injury on 07/18/2013, while attempting to remove braces from a 2 x 4. Current diagnoses include contusion with multiple deep abrasions in bilateral knees, musculoligamentous sprain of the cervical spine with radiculitis, disc osteophyte complex in the cervical spine, herniated disc at C3-4, left knee medial meniscus tear, bilateral knee chondromalacia, right knee patellar edema, musculoligamentous sprain in the lumbar spine with radiculitis, and herniated disc at L3 to S1. The injured worker was evaluated on 03/07/2014. The injured worker reported 8/10 pain. The injured worker was attending chiropractic therapy. Physical examination revealed bilateral sciatic notch tenderness. Treatment recommendations at that time included an EMG/NCS of bilateral upper and lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

ELECTROMYOGRAPHY OF THE BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 178; 303. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Treatment Index, 12th Edition (web), 2014, Low Back, Nerve Conduction Study (NCS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state electromyography and nerve conduction velocities may help identify subtle, focal, neurologic dysfunction in patients with neck or arm symptoms lasting more than 3 or 4 weeks. As per the documentation submitted, there is no evidence of a physical examination of the cervical spine and bilateral upper extremities. Therefore, there is no documentation of a significant musculoskeletal or neurological deficit. There is also no documentation of previous conservative treatment including physical therapy for the cervical spine prior to the request for an electrodiagnostic study. The medical necessity for the requested service has not been established. Therefore, the request for electromyography of the bilateral upper extremities is not medically necessary and appropriate.

NERVE CONDUCTION STUDIES OF BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 178; 303. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Treatment Index, 12th Edition (web), 2014, Low Back, Nerve Conduction Study (NCS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004), NECK AND UPPER BACK COMPLAINTS, 177-179.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state electromyography and nerve conduction velocities may help identify subtle, focal, neurologic dysfunction in patients with neck or arm symptoms lasting more than 3 or 4 weeks. As per the documentation submitted, there is no evidence of a physical examination of the cervical spine and bilateral upper extremities. Therefore, there is no documentation of a significant musculoskeletal or neurological deficit. There is also no documentation of previous conservative treatment including physical therapy for the cervical spine prior to the request for an electrodiagnostic study. The medical necessity for the requested service has not been established. Therefore, the request for nerve conduction studies of bilateral upper extremities is not medically necessary and appropriate.

ELECTROMYOGRAPHY OF BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 178; 303. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Treatment Index, 12th Edition (web), 2014, Low Back, Nerve Conduction Study (NCS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state electromyography, including H-reflex tests, may be useful to identify subtle, focal, neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. There was no physical examination of the lumbar spine or bilateral lower extremities provided for review. Therefore, there is no documentation of a significant musculoskeletal or neurological deficit with regard to the lumbar spine. There is also no documentation of previous conservative treatment including physical therapy prior to the request for an electrodiagnostic study. The medical necessity has not been established. As such, the request for electromyography of bilateral lower extremities is not medically necessary and appropriate.

NERVE CONDUCTION STUDIES OF THE BILATERAL LOWER EXTREMITIES:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 178; 303. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Treatment Index, 12th Edition (web), 2014, Low Back, Nerve Conduction Study (NCS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state electromyography, including H-reflex tests, may be useful to identify subtle, focal, neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. There was no physical examination of the lumbar spine or bilateral lower extremities provided for review. Therefore, there is no documentation of a significant musculoskeletal or neurological deficit with regard to the lumbar spine. There is also no documentation of previous conservative treatment including physical therapy prior to the request for an electrodiagnostic study. The medical necessity has not been established. As such, the request for nerve conduction studies of the bilateral lower extremities is not medically necessary and appropriate.